HEADLINES

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BISU Staff

The Brain Injury Services Unit is directed by Colleen Ryall, center. She is assisted by Amy Morelock, Program Specialist, left, Tom Clark, Nurse Consultant, in back, and Alice Blackwell, Administrative Assistant, at right.

Inside this issue:

Welcome New providers

- Acumen Counseling Services, Owensboro
- The Adanta Group, Somerset
- Allied Consulting, Inc., New Castle
- Bluegrass Regional MH/MR Board, Lexington
- Cardinal Hill Rehabilitation Hospital, Lexington
- Easter Seals Dayfair Immanuel Adult Day Health Services, Paducah
- Frazier Rehabilitation Center, Louisville
- Healthsouth Rehabilitation Hospital of Central Kentucky, Elizabethtown
- HMR Associates, Louisville
- Home Care Health Services, Inc., Pikeville
- Interim Healthcare, Louisville
- Interim Healthcare, Bedford
- Knox County Health Department, Barbourville
- Lourdes Homecare, Paducah
- Lourdes Hospital Adult Day Center, Paducah
- Olsten Health Services, Hopkinsville
- Olsten Health Services, Crestview Hills
- River Valley Behavioral Health Services, Owensboro
- The Salvation Army, Newport Adult Day Health Center, Newport
- Salyersville Health Care Center, Salyersville
- Visiting Nurse Association, Louisville

TBI Resources: Brain Injury Websites

- Brain Injury Services Unit: http://dmhmrs.chr.state.ky.us/braininjury
- Brain Injury Association of Kentucky: www.braincenter.org
- National Brain Injury Association: www.biausa.org
- Brain Injury Resource Guide:

Substance abuse and traumatic brain injury

By TOM CLARK
BISU Nurse Consultant

Alcohol is a factor in 23% to 66% of Traumatic Brain Injuries (TBI). A significant proportion of TBI survivors are under 32 years of age, and more likely to include alcohol in their pre-injury socialization than older survivors. A history of pre-injury alcohol use may predispose this group to continuing alcohol use post-injury. Male and female survivors of TBI show similar rates of return to substance abuse after injury. What role does alcohol use play in the rehabilitation process?

Alcohol suppresses brain function by activating a substance called GABA, which slows or blocks the transmission of neural impulses throughout the brain and central nervous system. It also impairs reticular function, excites the cortex while depressing motor function and cognitive abilities. When alcohol is present, motor and cognitive functioning is decreased.

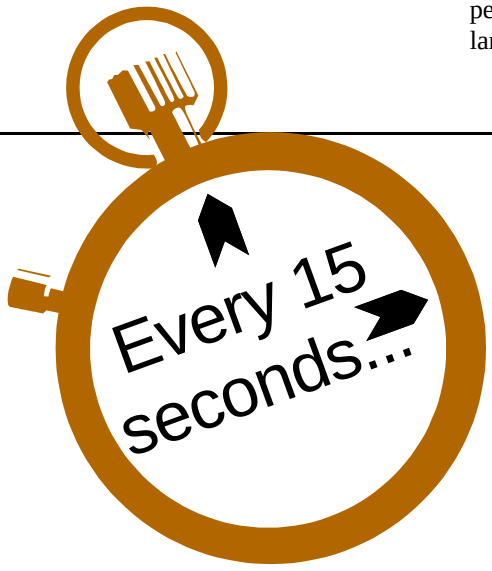
Alcohol also inhibits both the normal and regenerative growth of neural networks in the brain. The pathways between cells in the brain, called "dendrites" fail to lengthen and reconnect, with heavy consumption of alcohol. This results in slower thought and impaired memory and cognitive functions. Imagine removing one third of the phone lines in New York City and attempting to carry on business as usual. It couldn't be done, and neither could the higher brain functions that depend on the millions of neural connections when those connections are absent or impaired. Any person with a significant history of alcohol use begins rehabilitation from a brain injury with a compromised system.

"Alcohol suppresses brain function by activating a substance called GABA, which slows...transmission of neural impulses..."

Like the brain, the cardiovascular and gastrointestinal systems are negatively affected by moderate to heavy alcohol use. People with alcoholism tend to be more sedentary and they experience a gradual loss of cardiovascular conditioning that is made worse by the anemia that often accompanies alcoholism. Strength and stamina are reduced and this contributes to the accompanying psychosocial decline. Alcohol may compete with vitamin uptake during the digestive process. Malnutrition accompanied by significant losses of fat-soluble vitamins contributes to a decline in the overall health of the affected person.

Pre-injury lifestyles and behaviors may not be changed by a brain injury. Research funded in part by the U.S. Department of Education, Rehabilitation Services, suggests that lower levels of functioning are accompanied by lower levels of alcohol use. However, family members or significant others may feel sorry for the person with the injury, using alcohol or other substances of abuse as a form of recreation, or as a form of anesthetic from life's difficulties, enabling a cycle of substance abuse to continue. Other research suggests that as the brain injury survivor returns to pre-injury social circles and becomes more financially independent, the likelihood of substance use and abuse increases dramatically.

A history of alcohol abuse coupled with a traumatic brain injury presents a complex set of challenges for rehabilitation. Strategies for addressing substance abuse issues during the rehabilitation of a survivor of a brain injury will be addressed next month.



.... one person in the United States sustains a brain injury

October is Brain Injury Awareness

Case manager tips:

Identification of needs, goals, services, providers

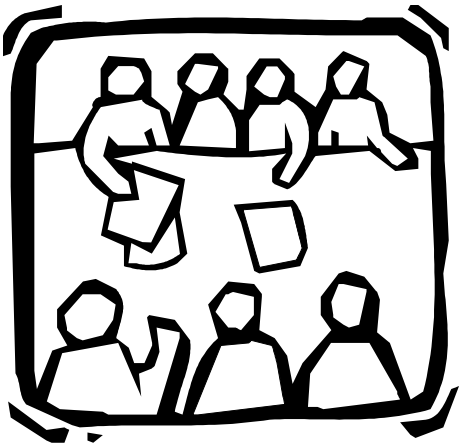
Identified Need: This is what the participant actually needs. For instance, if a participant has identified that he/she wants to be able to do household activities such as cooking, cleaning, and laundry independently, then the identified need is, "Improved performance of activities of daily living."

Goal: This is the end result that the participant hopes to achieve by receiving services to address his/her needs. To use the above example, the goal would be, "To perform light housework such as cooking, cleaning, and laundry independently." The goals listed must reflect those specified by the participant.

Objectives: These are the steps that are taken to address the need and achieve the goal. There will almost always be more than one objective for each identified need. Objectives must always be measurable. There are two types of objectives.

1. The first type of objective is a learning objective. This is a specific skill that the participant will learn as a result of a service.

2. The second type of objective is a service objective. This is an objective



where the actual work or activity is carried out by the service provider and not the participant.

Service: This is the type of service provider needed to carry out and measure the objectives in order to reach the desired goal. There will frequently be more than one service listed in this category for each identified need.

Provider: This is the name of the specific provider or providers who will be providing the service to the individual. It is important to note that the providers listed here must correspond to those listed on the Freedom of Choice of Providers form.

More Tips

1. It is not necessary to fit all of the required information onto one page. Multiple pages may be needed to accommodate all of the participant's needs, goals, objectives, etc. Feel free to make additional copies of this page to make room for all of the information.

2. Remember to include Case Management as an "Identified Need." The implementation of the plan will not be possible without your services.

3. It is best not to overwhelm the participant with objectives at first. Select those that are the most important to work on for the initial Plan of Care (POC). As the person achieves those objectives, others may be added.

4. Changes in the kind and amount of services provided will necessitate an amendment to the POC and must go through the prior-authorization process. Similarly, a change in service providers necessitates a modification to the POC.

5. If you need assistance with developing the POC, please feel free to call the Brain Injury Services Unit at (502) 564-3615.

FYI...

CEU's will be available for some of the offered trainings listed on Page 4. For more information contact Brain Injury Services Unit at (502) 564-3615.

The Brain Injury Services Unit will be doing annual reviews of every enrolled ABI Waiver Provider to determine if the provider is meeting the required conditions of participation. Continued certification as a Medicaid ABI Waiver Provider will be contingent on passing this review. Please direct any questions about this process to Colleen Ryall, Director, Brain Injury Services Unit (502) 564-3615.

Hugh Spalding, recently retired from the Division of Substance Abuse, will be directing the Needs and Resource Assessment efforts under the planning grant awarded to BISU by HRSA.

Upcoming events

OCTOBER IS BRAIN INJURY AWARENESS MONTH!

October 10: Brain Injury Association of Kentucky "River Walk" for brain injury awareness (Louisville)

October 18 Professional Seminar Series--Neuroimaging for Rehabilitation Professionals (Louisville)

October 22 Brain Injury Association of Kentucky "Oktoberfest" (Bowling Green)

October 26-27 ABI Waiver 16 hour basic curriculum training (Frankfort)

October 28 ABI Waiver Case Management training (Frankfort)

October 29 ABI Waiver Training of Trainers (Frankfort)

October 30 Brain Injury Association of Kentucky "Woodland Walk" for brain injury awareness (Lexington)

November 3 Traumatic Brain Injury Planning Grant Advisory Committee Meeting (Frankfort)

November 12 ABI Waiver Case Management Training (London)

For more information on these events and training: Please call the Brain Injury Services Unit at (502) 564-3615 or the Brain Injury Association of Kentucky at 1-800-592-1117.

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